Guidelines for OVHA Coverage

ITEM: EXTERNAL INFUSION PUMP

DEFINITON: An electrical or battery operated device providing parenteral medications under pressure at a regulated flow rate.

GUIDELINES: An external infusion pump may be appropriate for an individual who:

- Requires the parenteral administration of a medication AND
- Where an infusion pump is necessary to safely administer the drug AND
- The drug requires a prolonged infusion because of "proven improved clinical efficacy" (Tricenturion) over other forms of administration, or there are safety risks including systemic toxicity or adverse effects with other forms of administration as evidenced by supportive documentation AND
- Where the drug does not require the individual to return to a physician's office before the beginning of each infusion AND
- Where the drug and infusion pump have been prescribed by a physician who is an active participant in the VT Medicaid program AND
- The individual and/or caregiver is able and motivated to receive training in the use of the device follow through appropriately with its use AND
- The individual has unsuccessfully tried other less expensive forms of treatment (if applicable) AND
- The individual and/or caregiver demonstrate follow-through in other areas of disease management (such as nutrition, exercise, lifestyle changes, smoking cessation) to improve disease/symptom control, if appropriate.
- For individuals with Type 1 diabetes, external infusion pumps may be considered when:
    - The individual has completed a comprehensive diabetes education program AND
    - Has been on a program of at least 3 daily injections with frequent dose adjustments for at least 6 months AND
    - Has documented 4x/day self-testing for at least 2 months AND
    - Has HbA1c levels >7.0% AND/OR history of recurring hypoglycemia AND/OR wide glycemic excursions AND/OR dawn phenomenon with fasting blood sugars frequently exceeding 200mg/dl AND
    - Continued coverage requires physician reevaluation every 3 months.

APPLICABLE CODES:

E0779 Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater.
E0780 Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours.
E0781 Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient.
E0784 External ambulatory infusion pump, insulin
E0791 Parenteral infusion pump, stationary, single or multichannel

CAUTIONS: Caution should be used regarding the potential for dislodgement, infection or irritation at the entry site. There is also a need for caution regarding the operation of the pump itself, with the possibility of breakdown or failure of the device to administer the medication appropriately. Individuals or caregivers using the pump should have training in its use, and be able to demonstrate what to do in the event of pump malfunction.

EXAMPLES OF DIAGNOSES: Iron poisoning, liver cancer, intractable cancer pain, diabetes mellitus.

REQUIRED DOCUMENTATION:

- Current, complete Certificate of Medical Necessity including applicable diagnoses.
- Supporting documentation demonstrating that an infusion pump is necessary to safely administer the drug AND the drug requires a prolonged infusion because of "proven improved clinical efficacy" over other forms of administration, or there are safety risks including systemic toxicity or adverse effects with other forms of administration AND the individual and/or caregiver is able and motivated to receive training in the use of the device follow through appropriately with its use AND the individual has unsuccessfully tried other less expensive forms of treatment (if applicable) AND the individual and/or caregiver demonstrate follow-through in other areas of disease management (such as nutrition, exercise, lifestyle changes, smoking cessation) to improve disease/symptom control, if appropriate.
- For individuals with Type 1 diabetes, supporting documentation must demonstrate that: the individual has completed a comprehensive diabetes education program AND has been on a program of at least 3 daily injections with frequent dose adjustments for at least 6 months AND has documented 4x/day self-testing for at least 2 months AND has HbA1c levels >7.0% AND/OR history of recurring hypoglycemia AND/OR wide glycemic excursions AND/OR dawn phenomenon with fasting blood sugars frequently exceeding 200mg/dl.

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Ritter HT 3rd. Evaluating and selecting general-purpose infusion pumps. J Intraven Nurs 1990 May-Jun;13(3):156-61.

Schulmeister L. Needle dislodgement from implanted venous access devices: inpatient and outpatient experiences. J Intraven Nurs 1989 Mar-Apr; 12(2):90-2

Complete Guide to Medicare Coverage Issues, St. Anthony Publ., Nov 2001. Ingenix Inc. Reston VA.

Local Medical Review Policies: 14.27 External Infusion Pumps. Tricenturion LLC, Columbia SC. www.tricenturion.com.

Medical Director's signature:

OVHA Director's signature:

Date:
Revision 1:
Revision 2:
Revision 3: